

FILED JUN 7 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 15978

Registrar's No. 99

BIRTH NO. _____		REG. DIST. NO. 200		PRIMARY REG. DIST. NO. 3041		State File No. 15978		Registrar's No. 99	
1. PLACE OF DEATH a. COUNTY <u>Macon</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Wyoming</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>					c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Casper</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>					d. STREET ADDRESS (If rural, give location) <u>939 N. Park</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Russell</u> b. (Middle) <u>William</u> c. (Last) <u>Johnson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 29 1955</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 25 1899</u>		9. AGE (In years last birthday) <u>55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Trice Eva Johnson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>			16. SOCIAL SECURITY NO. <u>225-01-4319</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Trice Eva Johnson</u> ADDRESS <u>Casper, Wyoming</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Excitement and emotion following car catching on fire</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>									
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 36</u>			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near New Cambria Macon Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 29 1955 2:30 PM</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>Car caught on fire</u>			
22. I hereby certify that I attended the deceased from <u>May 29, 1955</u> , to <u>May 29, 1955</u> that I last saw the deceased alive on <u>May 29, 1955</u> , and that death occurred at <u>2 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Howard Miller MD</u>					23b. ADDRESS <u>Macon</u>			23c. DATE SIGNED <u>5/30/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			24b. DATE <u>May 30, 1955</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Casper Wyo.</u>			
24d. LOCATION (City, town, or county) (State) <u>Casper Wyoming</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Lester Shotton</u> ADDRESS <u>Macon, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>5/30/55</u>			REGISTRAR'S SIGNATURE <u>Irith McNeely</u>						

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

JUN 16 1955

(9)

RECEIVED

MACON COUNTY HEALTH DEPARTMENT

County File No. 6.55.72

Date Filed 6.6.55

OCT 11 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.